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CONFIRMATION NO. 9367

SERIAL NUMBER 10/693,012	FILING OR 371(c) DATE 10/24/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 1023-288US01
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/508,511 10/02/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 01/23/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>5/28/06</i>	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 58	INDEPENDENT CLAIMS 4
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Verified and Acknowledged
 Examiner's Signature: *James Roberts* Initials: *DR*

ADDRESS
 28863

TITLE
 Medical device programmer with reduced-noise power supply

FILING FEE RECEIVED 1670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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